



Contract Number: 18-15-F-140460-1107-02
 Effective Date: 12-1-09
 Term Date: 11-30-2010
 Cost: 50,000.-
 Revenue: 0
 Total: 50,000.- NTE: _____
 Action: _____
 Renewal By: 9-1-2010
 Term: 11-30-2010
 Reviewed by: [Signature]

BOARD OF SUPERVISORS AGENDA ITEM SUMMARY

[Signature]

Requested Board Meeting Date: _____

PHS Director/Designee

ITEM SUMMARY, JUSTIFICATION &/or SPECIAL CONSIDERATIONS:

The agreement with **Fox Infusion, Inc.** is for the provision of **Home Infusion Therapy Services** to Pima Health System (PHS) members. This amendment extends the contract term date from **December 1, 2009 through November 30, 2010** and increases the reimbursement ceiling by \$50,000 from \$250,000 for a total not to exceed **\$300,000**. This amendment amends Definitions, Payment Method, adds Insolvency clause, replaces Attachment C-Reimbursement, and replaces the AHCCCS Subcontract Provisions with a current version. This agreement was originally procured in accordance with Board of Supervisor's Policy D29.7. Services are paid through the PHCS Enterprise Fund.

CONTRACT NUMBER (If applicable): _____ 18-15-F-140460-1107

STAFF RECOMMENDATION(S):

It is recommended that the Board of Supervisors approve this amendment to PHS' Agreement with **Fox Infusion, Inc.** for the provision of **Home Infusion Therapy Services** to Pima Health System (PHS) members. This amendment extends the contract term date from **December 1, 2009 through November 30, 2010** and increases the reimbursement ceiling by \$50,000 from \$250,000 for a total not to exceed **\$300,000**. This amendment amends Definitions, Payment Method, adds Insolvency clause, replaces Attachment C-Reimbursement, and replaces the AHCCCS Subcontract Provisions with a current version. This agreement was procured in accordance with Board of Supervisor's Policy D29.7.

CORPORATE HEADQUARTERS: _____ Tucson, AZ

*To: CoB. 12.2.09
Agenda. 12.15.09*

This is an Official Copy of Pima County contract executed and on file with Pima County.

CLERK OF BOARD USE ONLY: BOS MTG. _____

ITEM NO. _____

PIMA COUNTY COST: \$ 50,000 _____ and/or REVENUE TO PIMA COUNTY: \$ _____

FUNDING SOURCE(S): PHCS ENTERPRISE FUND
(i.e. General Fund, State Grant Fund, Federal Fund, Stadium D. Fund, etc.)

Advertised Public Hearing:

| | | | | |
|--|--|-----|---|----|
| | | YES | X | NO |
|--|--|-----|---|----|

Board of Supervisors District:

| | | | | | | | | | | | |
|---|--|---|--|---|--|---|--|---|--|-----|---|
| 1 | | 2 | | 3 | | 4 | | 5 | | All | X |
|---|--|---|--|---|--|---|--|---|--|-----|---|

IMPACT:

IF APPROVED:

Fox Infusion, Inc. will be able to continue to provide Home Infusion Therapy Services for Pima Health System (PHS) members.

IF DENIED:

Fox Infusion, Inc. will not be able to continue to provide Home Infusion Therapy Services for Pima Health System (PHS) members.

DEPARTMENT NAME: Pima Health System

CONTACT PERSON: Rebecca Whitelov-Brown TELEPHONE NO.: 243-8346

This is an official Copy of the Pima County contract executed and to be filed with Pima County

**PIMA COUNTY
PIMA HEALTH SYSTEM
CONTRACT AMENDMENT**

| 1. CONTRACT AMENDMENT | 2. CONTRACT NUMBER | 3. EFFECTIVE DATE OF AMENDMENT | 4. SERVICE |
|-----------------------|---------------------|--------------------------------|-----------------------|
| 02 | 18-15-F-140460-1107 | December 1, 2009 | Home Infusion Therapy |

5. CONTRACTOR/PROVIDER NAME & ADDRESS

Fox Infusion, Inc.
Greg Fox, Owner
1997 W. Price St.
Tucson, AZ 85705

| CONTRACT |
|--|
| NO. <u>18-15-F-140460-1107</u> |
| AMENDMENT NO. <u>02</u> |
| This number must appear on all invoices, correspondence and documents pertaining to this contract. |

6. PURPOSE:

- A. To amend Definitions.
- B. To extend the term of the Agreement.
- C. To add Insolvency clause.
- D. To increase reimbursement ceiling.
- E. To amend Payment Method.
- F. To replace Attachment A - AHCCCS Subcontract Provisions.
- G. To replace Attachment C – Reimbursement.

7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:

A. ARTICLE I - DEFINITIONS Is amended as follows:

Definition T. Member is deleted in its entirety and replaced as follows:

T. Member: An individual who is eligible for AHCCCS, ALTCS or Medicare Advantage and enrolled with the PLAN, or an individual determined by PLAN to be County eligible and who is not otherwise covered by a separate agreement between PROVIDER and COUNTY or between COUNTY and AHCCCS.

Definition BB. Remittance Advice Is added as follows:

BB. Remittance Advice: An electronic or paper document submitted to PROVIDER by PLAN or other potential payer to explain the disposition of a claim. (A.A.C. R9-22-701)

B. ARTICLE II - GENERAL PROVISIONS, II.1 - TERM AND TERMINATION, A. Term The term of the Agreement is extended from December 1, 2009 through November 30, 2010.

C. ARTICLE II - GENERAL PROVISIONS, II.1 - TERM AND TERMINATION, E. Insolvency Is added as follows:

E. Insolvency: The COUNTY may terminate this Agreement immediately by providing written notice to the PROVIDER by the PLAN Administrator or designee for any of the following:

- 1. In the event of the filing by or against the PROVIDER in a court of competent jurisdiction of a petition for bankruptcy, reorganization, dissolution, liquidation, conservatorship, supervision or receivership, where COUNTY determines such filing will adversely impact the care or financial well-being of the Member;
- 2. Upon the inability of the PROVIDER to pay its debts as they mature;
- 3. Upon an assignment of assets by the PROVIDER for the benefit of its creditors.

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| 1. CONTRACT AMENDMENT | 2. CONTRACT NUMBER | 3. EFFECTIVE DATE OF AMENDMENT | 4. SERVICE |
|-----------------------|---------------------|--------------------------------|-----------------------|
| 02 | 18-15-F-140460-1107 | December 1, 2009 | Home Infusion Therapy |

- D. **ARTICLE II - GENERAL PROVISIONS, II.4 - TOTAL PAYMENT** Total payments for the entire term of the Agreement is increased by \$50,000 from \$250,000 for a total not to exceed \$300,000.
- E. **ARTICLE III - PLAN PROVISIONS, III.3 - PAYMENT METHOD**, Is amended as follows:
- First paragraph** Is deleted in its entirety and replaced as follows:
- PLAN will compensate PROVIDER for authorized services in accordance with the following guidelines:
- A. **Encounter and Claim Submissions:** PROVIDER must submit claims, or encounters to the PLAN within ninety (90) days from date of service or from date printed on Remittance Advice from Third Party payer. In no event will claims, whether clean or otherwise, submitted more than two hundred ten (210) days from the date of service be accepted or paid. PLAN agrees to pay PROVIDER within thirty (30) days after Clean Claim submission. Payment methodology for United/Evercare Medicare Advantage members is addressed separately in **Attachment D** of this Agreement. PROVIDER must submit individual claims or encounter forms for each Member on the appropriate form as set forth in the Pima Health System Provider Manual, which is incorporated and made part of this Agreement by this reference, with all PLAN required fields completed. Claims must reflect actual dates of service shown in the dates "To and From" portion of the appropriate billing form. Bills that are not in a Clean Claim format will not be the responsibility of the COUNTY or the Member. Except for applicable co-payments, PROVIDER shall not bill the Member for any Covered Services.
- F. **ATTACHMENT A - OCTOBER 2007 AHCCCS SUBCONTRACT PROVISIONS** Is replaced with the updated Attachment A-October 2008 AHCCCS Subcontract Provisions which is attached hereto and incorporated herein.
- G. **ATTACHMENT C - REIMBURSEMENT** Is deleted in its entirety and replaced with a new Attachment C-Reimbursement which is attached hereto and incorporated herein.

1. CONTRACT AMENDMENT

2. CONTRACT NUMBER

3. EFFECTIVE DATE OF AMENDMENT

4. SERVICE

02

18-15-F-140460-1107

December 1, 2009

Home Infusion Therapy

8. ALL OTHER ELEMENTS OF THIS AGREEMENT NOT AMENDED HEREIN REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT. IN WITNESS THEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

By signing this amendment, I

Grey Fox, President

(Print Name and Title)

on behalf of **Fox Infusion, Inc.** attest that this organization's applicable or necessary professional licensure and accreditation remains current and in good standing with all State and Federal Licensing and Regulatory Bodies.

PIMA COUNTY:

[Signature]

Chairman, Board of Supervisors

DEC 15 2009

Date

PROVIDER:

[Signature]

Fox Infusion, Inc.

11/17/09

Date

ATTEST:

[Signature]

Clerk of the Board

DEC 15 2009

Date

APPROVED AS TO FORM:

[Signature]

Deputy County Attorney

10/6/09

Date

REVIEWED AND APPROVED BY:

[Signature]

Chief Deputy Director, Pima Health System

11-24-09

Date

This is an Official Copy of the Pima County contract executed and on file with Pima County.

ATTACHMENT A

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

AHCCCS AND ALTCS MINIMUM SUBCONTRACT PROVISIONS

OCTOBER - 2008

For the sole purpose of this Attachment, the following definitions apply:

“*Subcontract*” means any contract between the Contractor and a third party for the performance of any or all services or requirements specified under the Contractor’s contract with AHCCCS.

“*Subcontractor*” means any third party with a contract with the Contractor for the provision of any or all services or requirements specified under the Contractor’s contract with AHCCCS.

Subcontractors who provide services under the AHCCCS ALTCS and or the Acute Care Program must comply with the following applicable rules and statutes:

- Rules for the ALTCS are found in Arizona Administrative Code (AAC) Title 9, Chapter 28. AHCCCS statutes for long term care are generally found in Arizona Revised Statute (ARS) 36, Chapter 29, Article 2.
- Rules for the Acute Care Program are found in AAC Title 9, Chapter 22. AHCCCS statutes for the Acute Care Program are generally found in ARS 36, Chapter 29, Article 1. Rules for the KidsCare Program are found in AAC Title 9, Chapter 31 and the statutes for KidsCare Program may be found in ARS 36, Chapter 29, Article 4.

All statutes, rules and regulations cited in this attachment are listed for reference purposes only and are not intended to be all inclusive.

[The following provisions must be included verbatim in every contract.]

1. ASSIGNMENT AND DELEGATION OF RIGHTS AND RESPONSIBILITIES

No payment due the Subcontractor under this subcontract may be assigned without the prior approval of the Contractor. No assignment or delegation of the duties of this subcontract shall be valid unless prior written approval is received from the Contractor. (AAC R2-7-305)

2. AWARDS OF OTHER SUBCONTRACTS

AHCCCS and/or the Contractor may undertake or award other contracts for additional or related work to the work performed by the Subcontractor and the Subcontractor shall fully cooperate with such other contractors, subcontractors or state employees. The Subcontractor shall not commit or permit any act which will interfere with the performance of work by any other contractor, subcontractor or state employee. (AAC R2-7-308)

3. CERTIFICATION OF COMPLIANCE – ANTI-KICKBACK AND LABORATORY TESTING

By signing this subcontract, the Subcontractor certifies that it has not engaged in any violation of the Medicare Anti-Kickback statute (42 USC §§1320a-7b) or the “Stark I” and “Stark II” laws governing related-entity referrals (PL 101-239 and PL 101-432) and compensation there from. If the Subcontractor provides laboratory testing, it certifies that it has complied with 42 CFR §411.361 and has sent to AHCCCS simultaneous copies of the information required by that rule to be sent to the Centers for Medicare and Medicaid Services. (42 USC §§1320a-7b; PL 101-239 and PL 101-432; 42 CFR §411.361)

4. CERTIFICATION OF TRUTHFULNESS OF REPRESENTATION

By signing this subcontract, the Subcontractor certifies that all representations set forth herein are true to the best of its knowledge.

5. CLINICAL LABORATORY IMPROVEMENT AMENDMENTS OF 1988

The Clinical Laboratory Improvement Amendment (CLIA) of 1988 requires laboratories and other facilities that test human specimens to obtain either a CLIA Waiver or CLIA Certificate in order to obtain reimbursement from the Medicare and Medicaid (AHCCCS) programs. In addition, they must meet all the requirements of 42 CFR 493, Subpart A.

To comply with these requirements, AHCCCS requires all clinical laboratories to provide verification of CLIA Licensure or Certificate of Waiver during the provider registration process. Failure to do so shall result in either a termination of an active provider ID number or denial of initial registration. These requirements apply to all clinical laboratories.

Pass-through billing or other similar activities with the intent of avoiding the above requirements are prohibited. The Contractor may not reimburse providers who do not comply with the above requirements (CLIA of 1988; 42CFR 493, Subpart A).

6. COMPLIANCE WITH AHCCCS RULES RELATING TO AUDIT AND INSPECTION

The Subcontractor shall comply with all applicable AHCCCS Rules and Audit Guide relating to the audit of the Subcontractor's records and the inspection of the Subcontractor's facilities. If the Subcontractor is an inpatient facility, the Subcontractor shall file uniform reports and Title XVIII and Title XIX cost reports with AHCCCS (ARS 41-2548; 45 CFR 74.48 (d)).

7. COMPLIANCE WITH LAWS AND OTHER REQUIREMENTS

The Subcontractor shall comply with all federal, State and local laws, rules, regulations, standards and executive orders governing performance of duties under this subcontract, without limitation to those designated within this subcontract [42 CFR 434.70 and 42 CFR 438.6(l)].

8. CONFIDENTIALITY REQUIREMENT

The Subcontractor shall safeguard confidential information in accordance with federal and state laws and regulations, including but not limited to, 42 CFR Part 431, Subpart F, ARS §36-107, 36-2903, 41-1959 and 46-135, AHCCCS Rules, the Health Insurance Portability and Accountability Act (Public Law 107-191, 110 Statutes 1936), and 45 CFR Parts 160 and 164.

9. CONFLICT IN INTERPRETATION OF PROVISIONS

In the event of any conflict in interpretation between provisions of this subcontract and the AHCCCS Minimum Subcontract Provisions, the latter shall take precedence.

10. CONTRACT CLAIMS AND DISPUTES

Contract claims and disputes arising under A.R.S Title 36, Chapter 29 shall be adjudicated in accordance with AHCCCS Rules and A.R.S. §36-2903.01.

11. ENCOUNTER DATA REQUIREMENT

If the Subcontractor does not bill the Contractor (e.g., Subcontractor is capitated), the Subcontractor shall submit encounter data to the Contractor in a form acceptable to AHCCCS.

12. EVALUATION OF QUALITY, APPROPRIATENESS, OR TIMELINESS OF SERVICES

AHCCCS or the U.S. Department of Health and Human Services may evaluate, through inspection or other means, the quality, appropriateness or timeliness of services performed under this subcontract.

13. FRAUD AND ABUSE

If the Subcontractor discovers, or is made aware, that an incident of suspected fraud or abuse has occurred, the Subcontractor shall report the incident to the prime Contractor as well as to AHCCCS, Office of Program Integrity. All incidents of potential fraud should be reported to AHCCCS, Office of the Director, Office of Program Integrity.

14. GENERAL INDEMNIFICATION

The parties to this contract agree that AHCCCS shall be indemnified and held harmless by the Contractor and Subcontractor for the vicarious liability of AHCCCS as a result of entering into this contract. However, the parties further agree that AHCCCS shall be responsible for its own negligence. Each party to this contract is responsible for its own negligence.

15. INSURANCE

[This provision applies only if the Subcontractor provides services directly to AHCCCS members]

The Subcontractor shall maintain for the duration of this subcontract a policy or policies of professional liability insurance, comprehensive general liability insurance and automobile liability insurance in amounts that meet Contractor's requirements. The Subcontractor agrees that any insurance protection required by this subcontract, or otherwise obtained by the Subcontractor, shall not limit the responsibility of Subcontractor to indemnify, keep and save harmless and defend the State and AHCCCS, their agents, officers and employees as provided herein. Furthermore, the Subcontractor shall be fully responsible for all tax obligations, Worker's Compensation Insurance, and all other applicable insurance coverage, for itself and its employees, and AHCCCS shall have no responsibility or liability for any such taxes or insurance coverage. (45 CFR Part 74) The requirement or Worker's Compensation Insurance does not apply when a Subcontractor is exempt under ARS 23-901, and when such Subcontractor executes the appropriate waiver (Sole Proprietor/Independent Contractor) form.

16. LIMITATIONS ON BILLING AND COLLECTION PRACTICES

Except as provided in federal and state law and regulations, the Subcontractor shall not bill, or attempt to collect payment from a person who was AHCCCS eligible at the time the covered service(s) were rendered, or from the financially responsible relative or representative for covered services that were paid or could have been paid by the System.

This is an Official Copy of the Riala County contract. It is not to be modified or altered in any way. Any changes must be made in writing and signed by both parties. This document is the property of Riala County and will be returned to the County upon completion of the contract.

17. MAINTENANCE OF REQUIREMENTS TO DO BUSINESS AND PROVIDE SERVICES

The Subcontractor shall be registered with AHCCCS and shall obtain and maintain all licenses, permits and authority necessary to do business and render service under this subcontract and, where applicable, shall comply with all laws regarding safety, unemployment insurance, disability insurance and worker's compensation.

18. NON-DISCRIMINATION REQUIREMENTS

The Subcontractor shall comply with State Executive Order No. 99-4, which mandates that all persons, regardless of race, color, religion, gender, national origin or political affiliation, shall have equal access to employment opportunities, and all other applicable Federal and state laws, rules and regulations, including the Americans with Disabilities Act and Title VI. The Subcontractor shall take positive action to ensure that applicants for employment, employees, and persons to whom it provides service are not discriminated against due to race, creed, color, religion, sex, national origin or disability. (Federal regulations, State Executive order # 99-4)

19. PRIOR AUTHORIZATION AND UTILIZATION MANAGEMENT

The Contractor and Subcontractor shall develop, maintain and use a system for Prior Authorization and Utilization Review that is consistent with AHCCCS Rules and the Contractor's policies.

20. RECORDS RETENTION

The Subcontractor shall maintain books and records relating to covered services and expenditures including reports to AHCCCS and working papers used in the preparation of reports to AHCCCS. The Subcontractor shall comply with all specifications for record keeping established by AHCCCS. All books and records shall be maintained to the extent and in such detail as required by AHCCCS Rules and policies. Records shall include but not be limited to financial statements, records relating to the quality of care, medical records, dental records, prescription files and other records specified by AHCCCS.

The Subcontractor agrees to make available at its office at all reasonable times during the term of this contract and the period set forth in the following paragraphs, any of its records for inspection, audit or reproduction by any authorized representative of AHCCCS, State or Federal government.

The Subcontractor shall preserve and make available all records for a period of five years from the date of final payment under this contract unless a longer period of time is required by law.

If this contract is completely or partially terminated, the records relating to the work terminated shall be preserved and made available for a period of five years from the date of any such termination. Records which relate to grievances, disputes, litigation or the settlement of claims arising out of the performance of this contract, or costs and expenses of this contract to which exception has been taken by AHCCCS, shall be retained by the Subcontractor for a period of five years after the date of final disposition or resolution thereof unless a longer period of time is required by law. (45 CFR 74.53; 42 CFR 431.17; ARS 41-2548)

21. SEVERABILITY

If any provision of these standard subcontract terms and conditions is held invalid or unenforceable, the remaining provisions shall continue valid and enforceable to the full extent permitted by law.

22. SUBJECTION OF SUBCONTRACT

The terms of this subcontract shall be subject to the applicable material terms and conditions of the contract existing between the Contractor and AHCCCS for the provision of covered services.

23. TERMINATION OF SUBCONTRACT

AHCCCS may, by written notice to the Subcontractor, terminate this subcontract if it is found, after notice and hearing by the State, that gratuities in the form of entertainment, gifts, or otherwise were offered or given by the Subcontractor, or any agent or representative of the Subcontractor, to any officer or employee of the State with a view towards securing a contract or securing favorable treatment with respect to the awarding, amending or the making of any determinations with respect to the performance of the Subcontractor; provided, that the existence of the facts upon which the state makes such findings shall be in issue and may be reviewed in any competent court. If the subcontract is terminated under this section, unless the Contractor is a governmental agency, instrumentality or subdivision thereof, AHCCCS shall be entitled to a penalty, in addition to any other damages to which it may be entitled by law, and to exemplary damages in the amount of three times the cost incurred by the Subcontractor in providing any such gratuities to any such officer or employee. (AAC R2-5-501; ARS 41-2616 C.; 42 CFR 434.6, a. (6))

24. VOIDABILITY OF SUBCONTRACT

This subcontract is voidable and subject to immediate termination by AHCCCS upon the Subcontractor becoming insolvent or filing proceedings in bankruptcy or reorganization under the United States Code, or upon assignment or delegation of the subcontract without AHCCCS's prior written approval.

This is a legal document. It contains information that may be subject to copyright. All rights reserved. This document is intended for use with the contract.

25. WARRANTY OF SERVICES

The Subcontractor, by execution of this subcontract, warrants that it has the ability, authority, skill, expertise and capacity to perform the services specified in this contract.

26. OFF-SHORE PERFORMANCE OF WORK PROHIBITED

Due to security and identity protection concerns, direct services under this contract shall be performed within the borders of the United States. Any services that are described in the specifications or scope of work that directly serve the State of Arizona or its clients and may involve access to secure or sensitive data or personal client data or development or modification of software for the State shall be performed within the borders of the United States. Unless specifically stated otherwise in specifications, this definition does not apply to indirect or "overhead" services, redundant back-up services or services that are incidental to the performance of the contract. This provision applies to work performed by subcontractors at all tiers.

27. FEDERAL IMMIGRATION AND NATIONALITY ACT

The Subcontractor shall comply with all federal, state and local immigration laws and regulations relating to the immigration status of their employees during the term of the contract. Further, the Subcontractor shall flow down this requirement to all subcontractors utilized during the term of the contract. The State shall retain the right to perform random audits of Contractor and subcontractor records or to inspect papers of any employee thereof to ensure compliance. Should the State determine that the Contractor and/or any subcontractors be found noncompliant, the State may pursue all remedies allowed by law, including, but not limited to; suspension of work, termination of the contract for default and suspension and/or debarment of the Contractor.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

This is an Official Copy of the Pima County contract executed and on file with Pima County.

ATTACHMENT C

REIMBURSEMENT

A. Payment: Provider agrees to bill Medicare for all covered Members and all covered services. PLAN will only pay co-payments and deductible for services covered by Medicare. For services not covered by Medicare, PLAN shall reimburse PROVIDER as listed in the table below:

| BILLING CODE | SERVICE DESCRIPTION | PRICING |
|--------------|---------------------|---------|
|--------------|---------------------|---------|

TOTAL PARENTERAL NUTRITION

| | | |
|---------------|---|----------|
| B4185 | TPN SOLUTION, 10 Grams Lipids | 90% AFFS |
| B4189 | TPN SOLUTION, 10-51 Grams Amino Acids, premix | 90% AFFS |
| B4193 | TPN SOLUTION, 52-73 Grams Amino Acids, premix | 90% AFFS |
| B4197 | TPN SOLUTION, 74-100 Grams Amino Acids, premix | 90% AFFS |
| B4199 | TPN SOLUTION, > 100 Grams Amino Acids, premix | 90% AFFS |
| B4216 | TPN SOLUTION, Additives, home mix, per day | 90% AFFS |
| B5000 – B5200 | TPN SOLUTION, Compounded Amino Acid and Carbohydrates | 90% AFFS |
| B4220 | SUPPLY KIT, premix, per day | 90% AFFS |
| B4222 | SUPPLY KIT, home mix, per day | 90% AFFS |
| B4224 | ADMINISTRATION KIT, per day | 90% AFFS |

| | | |
|-----------|--------------|----------|
| J - CODES | DRUGS via IV | 90% AFFS |
|-----------|--------------|----------|

ANTI-INFECTIVE THERAPY

| | | |
|---------------|------------------------------|------------------|
| S9494 – S9504 | HOME IV ANTIBIOTIC TREATMENT | \$66.50 PER DIEM |
|---------------|------------------------------|------------------|

| | | |
|-----------|--------------|----------|
| J - CODES | DRUGS via IV | 90% AFFS |
|-----------|--------------|----------|

HYDRATION THERAPY

| | | |
|-------|-------------------------|-----------|
| J7070 | HYDRATION (all volumes) | 100% AFFS |
|-------|-------------------------|-----------|

| | | |
|---------------|--------------------------|------------------|
| S9373 – S9377 | HOME IV THERAPY SERVICES | \$57.00 PER DIEM |
|---------------|--------------------------|------------------|

| | | |
|-----------|---------------------------|-----------|
| J - CODES | OTHER HYDRATION SOLUTIONS | 100% AFFS |
|-----------|---------------------------|-----------|

OTHER HOME INFUSION THERAPY

| | | |
|-------|--|------------------|
| S9379 | OTHER HOME INFUSION THERAPY (Using other than chemotherapeutic drugs) | \$66.50 PER DIEM |
|-------|--|------------------|

| | | |
|-----------|--------------|----------|
| J - CODES | DRUGS via IV | 90% AFFS |
|-----------|--------------|----------|

IVIG - IMMUNOGLOBULIN (IMMUNO THERAPY) *

* COST TO BE DETERMINED BY PLAN AND PROVIDER
AT THE TIME OF MEMBER NEED

ENTERAL THERAPY

| | | |
|---------------|----------------------|-----------|
| S9341- S9343 | ENTERAL HOME THERAPY | 90% AFFS |
| B4034 - B4036 | FEEDING SUPPLY KIT | 100% AFFS |
| B4149 - B4162 | ENTERAL FORMULA | 90% AFFS |
| B9000 – B9002 | INFUSION PUMP | 90% AFFS |

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ATTACHMENT C

REIMBURSEMENT CONTINUED

PAIN MANAGEMENT

| | | |
|--------------------------|--|------------------------------|
| S9325 – S9328 J-CODES | PAIN MANAGEMENT INFUSION DRUGS via IV OR DRUGS via SQ | \$61.75 PER DIEM 90% AFFS |
|--------------------------|--|------------------------------|

INJECTABLES

| | | |
|--------------------------|---------------------------------------|-----------------------------|
| J-CODES S9542 - S9562 | DRUGS via IV, IM or SQ INJECTABLES | 90% AFFS \$2.85 PER DIEM |
|--------------------------|---------------------------------------|-----------------------------|

CATHETER CARE - Exclusive of Treatment

| | | |
|--------------------------------|---|-----------------|
| S5497 - S5502 S5517 - S5518 | CATHETER CARE CATHETER CARE SUPPLIES | \$8.55 PER DIEM |
|--------------------------------|---|-----------------|

CHEMOTHERAPY

| | | |
|--------------------------|--|------------------------------|
| J-CODES S9329 – S9331 | CHEMOTHERAPEUTICS via IV CHEMOTHERAPY | 90% AFFS \$71.25 PER DIEM |
|--------------------------|--|------------------------------|

OTHER

| | | |
|---|---|-------------|
| Q0081 Nursing visit up to two hours (1 visit) | | \$85 |
| S5520 | PICC Insertion, Supplies (including catheter) | \$190 |
| S5522 | PICC Insertion, including nursing visit | \$237.50 |
| All other services not listed | | 90% of AFFS |

- A. Second concurrent therapy of same category must be billed at a 30% discount off contract rate. Third concurrent therapy of same category must be billed at a 50% discount off contract rate.
- B. PLAN reserves the right to modify pricing if determined to be in the best interest of the COUNTY. Any changes in pricing shall require an amendment to this agreement.
- C. PLAN and PROVIDER may mutually agree to changes in the medical coding presented in this contract as codes are added or modified by AHCCCS.
- D. Payment methodology for United/Evercare/Medicare Advantage Plan members is addressed separately in **Attachment D** of this Agreement.

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